

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09534205</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">03-13-00</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	✓					51		✓				
2		✓					52		✓				
3		✓					53		✓				
4		✓					54		✓				
5		✓					55		✓				
6		✓					56		✓				
7		✓					57	✓	✓				
8		✓					58	✓	✓				
9		✓					59		✓				
10	✓	✓					60		✓				
11		✓					61		✓				
12		✓					62		✓				
13		✓					63		✓				
14		✓					64		✓				
15	✓	✓					65	✓	✓				
16	✓	✓					66		✓				
17		✓					67		✓				
18		✓					68		✓				
19		✓					69		✓				
20		✓					70		✓				
21			✓				71		✓				
22				✓			72		✓				
23				✓			73		✓				
24				✓			74		✓				
25				✓			75		✓				
26				✓			76		✓				
27				✓			77		✓				
28				✓			78		✓				
29				✓			79		✓				
30				✓			80		✓				
31				✓			81	✓	✓				
32				✓			82		✓				
33				✓			83		✓				
34				✓			84		✓				
35				✓			85		✓				
36				✓			86		✓				
37				✓			87		✓				
38				✓			88		✓				
39				✓			89		✓				
40				✓			90						
41				✓			91						
42				✓			92						
43				✓			93						
44			✓				94						
45			✓				95						
46				✓			96						
47				✓			97						
48				✓			98						
49				✓			99						
50				✓			100						
TOTAL IND.		✓		✓		✓	TOTAL IND.		✓		✓		✓
TOTAL DEP.		✓		✓		✓	TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS							TOTAL CLAIMS						